



**SPINAL CORD**  
COMMISSION

# SPINAL COURIER

Vol. 6 No. 1

January, 1994

## APRIL'S TRUCKIN' NOW !



April Bates is a beautiful 4 year-old girl who was born with Spina Bifida. She has a specially-built manual wheelchair with small four-inch front casters furnished by Children's Medical Services. However, this chair is mobile only on a smooth, flat surface.

Her family lives about 6-7 miles from Batesville on a country gravel road and their yard is sloped at

an angle too great to navigate with a wheelchair. So, April has not been able to be outside very much.

Then last spring Mrs. Bates and ASCC Case Manager Charles Crowson discussed what could be done to help April be mobile in their yard. Mrs. Bates mentioned a battery-powered car she had seen, and this started the wheels in motion.

A Barbie Jeep was purchased from Wal-Mart with money donated by the adult ladies class at the Moorefield Methodist Church. Charles Crowson designed a modification of the floorboard and the steering wheel to make the Jeep operable by hand-controls. Mr. Blake Watkins, an engineer at Eastman Kodak in Batesville, installed a new switch on the steering wheel which allowed April to operate the power controls with her hands.

All summer long April drove her Jeep, played with other children and chased dogs from her yard - thanks to determination and ingenuity!

## FROM BENCH TO BEDSIDE

Wise Young, M.D., Ph.D., Department of Neurosurgery  
New York University, Medical Center, and Bellevue Hospital

Hope is once more in the hearts and minds of those who care for people with spinal injuries. In contrast to the pessimism that dominated the field only a decade ago, most scientists now believe it is a matter of time and effort before effective treatments are available for SCI.

Many promising therapies are being explored in laboratories. One treatment has already been shown to improve recovery in human spi-

nal-cord injury. In 1990, the National Acute Spinal Cord Injury Study (NASCIS) showed that methylprednisolone modestly improves recovery without adverse side-effects - but only when given in high doses within 8 hours after injury and continued for 24 hours.

NASCIS both stimulated and complicated SCI research. The study showed that treatment dose, timing, duration, and injury severity

(Continued on Page 8)

## CALL FOR CONFERENCE PROGRAM IDEAS

The 5th Annual ASCC Conference will be held Friday, May 20, 1994. In response to the nearly unanimous high evaluations of the 1993 conference's location and facilities, we will be returning to the C.A. Vines Arkansas 4-H Center in Ferndale. We are presently requesting input and suggestions from our *Spinal Courier* readers on topics, presentations and speakers for the conference.

If you have a question or interest that you would like to have addressed at the conference, or if you know of a dynamic speaker (perhaps yourself?) who could make a presentation on an SCI-related topic, please send them in! We will finalize the program in early March; so please send your ideas today to: Conference Program Committee, ASCC, 1501 N. University, Suite 470, Little Rock, AR 72207.

## SPINAL COURIER

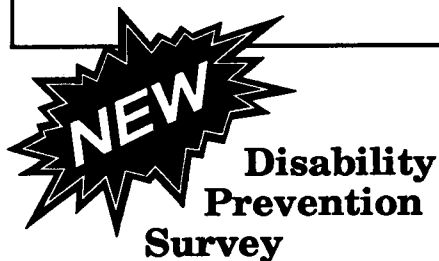
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Cheryl L. Vines  
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Editor

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## BUCKLE UP!



The Spinal Cord Injury Committee of the Arkansas Office of Disability Prevention is undertaking a survey to identify all individuals and programs in our state who are conducting programs to prevent disabilities (such as spinal cord injuries). The survey is being mailed to hospitals, health care, safety and education professionals to find out if they're doing injury prevention, where, when and how. The results of the survey will be utilized to develop a database of disability prevention programs in our state. With the database, when a request comes in for a program or resources, the person can be referred to the best program to meet their needs.

If you or your organization are involved in conducting injury prevention programs, please contact Ann Whitehead at the Office of Disability Prevention, Arkansas Department of Health at 1-800-482-5400, ext. 2785.

## SPINAL COURIER Letters

Questions • Suggestions • Directions • Answers

### PEER SUPPORT NETWORK NEEDS YOU!

Dear Editor:

The ASCC Peer Support Network is presently taking applications for volunteers to work with the Network as Peer Consultants. We plan to have several Peer Consultants trained before the end of February 1994. SCI individuals who have good communication and coping skills are needed for implementation of the Network, which will provide support for newly injured SCI individuals.

After the applicants have been interviewed and selected, they will be required to attend a one-day Network training session. If you would like to be a volunteer involved in a rewarding role-model opportunity, please contact Horace Love at 324-9620, or ask your Case Manager for more information.

*Horace Love*  
ASCC Peer Support Coordinator

### GET INTO THE WOODS!

Dear Editor:

I recently attended the SPA 10K race in Hot Springs and noticed a number of children entered in the SPA Squirt one mile race who were competing in wheelchairs. In talking with a competitor's mother I learned that even though they were from the Hot Springs area they were unaware of the Friendship Trail located behind the Jessieville Visitor Center on Scenic Highway Byway 7.

The Friendship Trail is a 0.5 mile paved, fully accessible trail that

can make for a great outing for kids, giving them a chance to "get into the woods." The trail is located in a picturesque mature pine and hardwood forest. Highlights of the trail include beautifully constructed bridges and interpretive signs which are located along the trail's edge. We are in the process of completing an accessible restroom and picnic pavilion located directly on the trail and adjacent to the fishing pond which will also have an accessible fishing pier. This wonderful trail is ready to be used now and nothing would give us more pleasure than to see more children and their families out there enjoying their National Forest.

If more information is desired about the Friendship Barrier-free Trail, contact:

Jessieville Ranger District  
P.O. Box 189  
Jessieville, AR 71949  
(501) 984-5313

*David A. Saugey*  
Wildlife Biologist

### Attention Farmers!!!

Dear Editor:

Since we have a number of SCI farmers, I would like to let you know about project "Breaking New Ground" from Purdue University. Devoted to helping disabled farmers, this project has a newsletter which I think would be very helpful for our readers. Contact the "Breaking New Ground" Resource Center, Purdue University, 1146 Agricultural Engineering Building, West Lafayette, IN 47907-1146, or phone (317) 494-5088 (v/tdd) for more information.

*Robert Griffin, ASCC Case  
Manager, Russellville, AR*

# HIGH PROFILE!

## BENNY BEALS

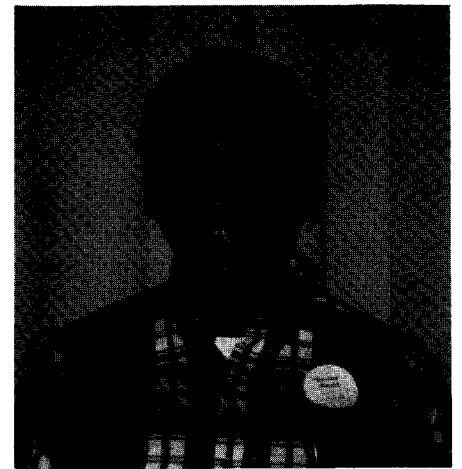
This is the second in a series of articles profiling the ASCC Case Managers.

Do not be deceived by the tall, soft spoken, silver haired gentleman silently working his way through the hills of Northwest Arkansas. As his co-workers and clients testify, Benny Beals is a "man of few words," but within those words are much depth, humor and wisdom. So much in fact, the term "Bennyism's" has been coined by the Fayetteville office because of Benny's quick witted way of delivering humorous puns. He does, however, take his work seriously and has provided case management services for individuals with SCI and other disabilities for the past 17 years.

Benny's background in Psychology and Counseling helped cultivate his effective listening skills and ability to assess the needs of the individuals he serves. According to Benny, "The willingness and ability to listen is an essential part of helping others."

Like several other ASCC Case Managers, Benny's ingenuity and resourcefulness are often the keys in providing needed services. He has become very adept over the years in performing minor wheelchair repairs and providing technical assistance to other agencies, families and community organizations. Benny often develops plans for home modifications and ramps which have proven very cost effective for the agency.

Teaching is one tool Benny utilizes both at home and on the job. Over the past several years he and his wife, Dale, have instructed their children at home, in lieu of public school attendance. The strong educational foundation provided to his children at home certainly paid off when they did decide to enter the public school system. Rumor has it all three children have been outstanding students. In addition to his



teaching at home, Benny can often be found at his alma mater, the University of Arkansas, speaking to Rehab graduate students on the various aspects of spinal cord injuries. One can only ascertain these students have profited greatly from his experience and knowledge.

**FAMILY MEMBERS:** "Wife Dale, two daughters, Leah, age 21, Evan, age 18 and a son, Jesse, age 15."

**FAVORITE WAY TO UNWIND:** "Playing the guitar, it's my catharsis."

**PHRASE TO SUM ME UP:** "Consistency."

**FAVORITE MUSICIAN:** "Country western guitarist Chet Atkins."

**BEST WORDS OF WISDOM:** "Have convictions and standards by which you live your life."

**ADVICE FOR SOMEONE WITH A DISABILITY:** "Maximize what you have. Don't concentrate on your limitations, everyone has limitations."

**ADVICE TO A NEW CASE MANAGER:** "Not to get overwhelmed by client problems. Be empathetic, but don't take the situation home with you."

**MOST NOTEWORTHY ACCOMPLISHMENT:** "Played guitar solo in a 1992 Tribute to Jerry Reed at the Chet Atkins Convention Center in Nashville. The best part was that both Chet Atkins and Jerry Reed were in the audience."

## FROM THE DIRECTOR

Happy New Year! I hope that you enjoyed the holidays and have made some great resolutions for the new year. What are you going to do new and different this year? How are you going to make a difference? Tough questions for so early in the year, huh? Well, as someone famous once said, if you don't have a plan, you won't know where you're going or when you've arrived there. Even with a plan we sometimes wonder where it is going to take us.

The plan I'm wondering the most about right now is the President's Healthcare Plan. Where will it take us? Will we end up where we want to be, with a comprehensive plan that provides universal services? Or will we end up with a patchwork quilt of pieces carved out by special interests? As I write this, I sit amongst a dozen articles about healthcare reform and the new plan, including a 2-inch deep copy of the edited version of the Health Security Act. As I wade through all of this, I find things I like and I agree with. Community based long term care (attendant care) is included, durable medical equipment is included, rehabilitation is included, so is prevention and health education. The availability of insurance without "preexisting condition clauses" would have a great impact on people with disabilities, as would access to insurance for all working people. At first glance it appears too good to be true, and Dr. McCluer always tells me that if it looks too good to be true, it probably is (and she's usually right). There will be some catches. For example, I've heard implementation of the long term care piece may take 5 to 7 years. Durable medical equipment is there, but who will decide how high tech and what exactly it will cover? And will we be able to continue to go to our own personal physician? No one is sure yet. How will it all be paid for? Everyone seems to have a different answer for that.

Have I confused you? Probably so, because I'm confused. There are probably few people who truly understand the whole thing - it is a complex problem with complex answers. As I told you last time though, we need to be heard. Even though you may not know what is best for the country, you do know what is best for you. When Congress convenes at the end of this month, your representatives will begin trying to sort all of this out. It is important that they know what you need. Write to your Senator or Congress person and tell them what is important to you as a healthcare recipient. You elected them, they want to do what you want and need. The box below gives your representatives' addresses in Washington. My friend Marilyn Hamilton at Quickie Wheelchairs always says, "If you can't stand up, STAND OUT!" to make yourself heard. I'm with her. It doesn't have to be a fancy or detailed letter, just let them know your situation and what you need in terms of healthcare. Tell them what you have now that is important to you and what you don't have that you think needs to be added. If we don't, we'll get a healthcare plan that fits someone else, but not us.

Let me know what you think or what you're hearing about healthcare reform.

Senator David Pryor  
Senator Dale Bumpers  
United States Senate  
Washington, D.C. 20510

Rep. Blanche Lambert - District 1  
Rep. Ray Thornton - District 2  
Rep. Tim Hutchison - District 3  
Rep. Jay Dickey - District 4  
United States House of Representatives  
Washington, D.C. 20510

*Cheryl Vines*



## WITH THANKS

The Arkansas Spinal Cord Commission accepts tax deductible donations. We appreciate the many individuals and families over the years who have made the Commission recipient of memorial donations and who have made these donations. Contributions are used to assist our clients through purchases of equipment and educational resources. If you would like to make a contribution, please

contact the Commission or send your donation to ASCC, 1501 N. University, Ste 470, Little Rock, AR 72207.

The following individuals and groups made greatly appreciated contributions during 1993:

*In Memory of Penny Patakey*  
Brian & Karen Lyons  
William & Barbara Weaver  
Walter & Diane Danczak  
Eddie & Geneva Langford

### *Spina Bifida Camp Sponsors*

Ann Patton  
AR Helping Hands Foundation  
Kiwanis Club of Jonesboro  
Pilot Club of Teaxarkana  
Spina Bifida Assn. of AR  
Northeast AR Shrine Club  
Northeast AR Rehabilitation Hosp.  
Crittenden Co. Auxiliary  
DeltaEttres of West Memphis  
Med Camps of Arkansas  
National Medical Rentals  
Abilities Unlimited of Northwest AR

## CHARACTERISTICS OF HIGH ACHIEVERS

During the past 10 years of working with farmers with all types of disabilities and challenges I have never ceased to be amazed by their accomplishments. Many of them have ranked among the highest achievers I have ever known.

Dr. Charles Garfield in the June 1991 issue of *Personnel Journal* reported on a study he did to identify the common characteristics of high achievers - those who have made a difference. After studying 1,500 successful people from many professions, he compiled a list of 16 recognizable traits.

Take a few moments and review the following list. I think that many of you will recognize some of your strengths.

1. A sense of mission.
2. Ability to plan strategically, both for their own careers and for projects.
3. Courage to take risks in the pursuit of excellence.
4. High self-confidence and self-worth.
5. Need for responsibility and control.
6. Ownership of their own good ideas.
7. Ability to prepare for key situations mentally.
8. Good time-management skills.
9. Ability to learn from past mistakes.
10. Faith in their own creativity, even when other people don't understand their contribution.
11. Positive work environment, even if they have to make it this way themselves.
12. Concern for other people.
13. Decisiveness in the face of opportunity.
14. Foresight to anticipate difficulties and opportunities.
15. Need to check on themselves frequently to see whether they're on course.
16. A thirst for new knowledge and experiences.

By Bill Fields, from *Breaking New Ground*, Winter 1993, Vol 11, Number 1.

# GARNERING MEDALS



Tyler Garner of Hot Springs, Arkansas had a great year in 1993. He turned seven years old (lost most of his front teeth), finished first grade at St. Luke's Elementary School and won a dozen medals and awards in wheelchair track and field. The sky's the limit in '94 for this young athlete.

Tyler, whose parents Doug and Becky are owners of the Hot Springs Gymnastics & Fitness Center and active gymnastic coaches, began getting involved in sports when he was six, participating in the Super Spokes program and doing road races with his dad.

This year he got serious about sports and began competing in local road races including 5K and 10K races. He won a number of awards in wheelchair divisions of the races (but there were seldom other racers his age in wheelchairs) and decided to see how he stacked up with other junior wheelchair athletes. Tyler competed in the ARK-LA-TEX Sports Invitational in Shreveport, Louisiana where he won five gold medals and then moved on to the Southwest Wheelchair Athletic Association Meet in Houston, Texas.

There Tyler qualified for the national competition in six events and won eight medals. Though he did not get to go to the National Junior Wheelchair Athletic Championships in 1993, he's looking forward to going in 1994 if he qualifies.

His new Shadow racing chair, an ultralight three-wheeler designed for racing, has given him an edge. According to his dad Doug, who is also his coach, he cut his times in half with the new chair. Tyler's mom Becky says, "We wanted Tyler to experience sports like any other kid would; now it's snowballed!" The support of Tyler's parents has been essential to his success, since to date he has no sponsors and the family is assuming all the travel and equipment costs.

What's next? Basketball! Doug Garner, Tyler's dad, is working with a group of young wheelchair users in Central Arkansas to start the Junior Rollin' Razorbacks and Tyler's right out there with them. If you or your young wheeler are interested in joining the group, contact Doug at 525-4503.

Look out Boston Marathon and Heartbreak Hill, Tyler's on his way!

### CHECK IT OUT!

*Spinal Network II* is now available in the ASCC Resource and Education Center with the latest technology, studies and resources available on SCI. Our own ASCC Research Project Analyst Constance Carroll is quoted in this latest edition on the study results of the Harm's Way Injury Prevention program - look for it!

# CHRONIC PAIN AND SPINAL CORD INJURY

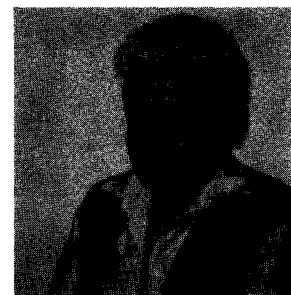
by Shirley McCluer, M.D.

Everyone has experienced pain at sometime in their life, some of us more than others. One of the first things a child learns is that when something hurts (e.g., touching a hot stove), you shouldn't do it. Pain also alerts us when something requires treatment (e.g., a broken bone, a bruise, or an infection such as appendicitis or a boil). However, we also learn that when the cause of the pain is healed, the pain disappears. Therefore, if the pain doesn't stop, something else must be done. All of these concepts apply to what we know as "acute" pain.

Following a spinal cord injury (especially when caused by a broken back or a gunshot wound) there is also acute pain which goes away when the broken bones and bruised tissues heal. Unfortunately, for some individuals, all of the pain does not go away after everything is healed and they have what we call "chronic" pain. This must be managed completely differently from the acute pain described above. In most cases there will not be a "cure." In other words, there is no specific damage that can be eliminated with surgery or

medical treatment. Although it is still very poorly understood, this chronic pain is in some way caused by the permanently damaged nerve tissue. Because no cure is possible, treatment must be directed at pain management (i.e., how to cope with it in everyday life), rather than trying to totally eliminate the pain.

This type of nerve pain has been called by many names, such as, phantom pain, central pain, etc. It may start immediately after injury or months or even years later. It is usually described as burning, crushing, or stabbing, but rarely as aching. It is located in a part of the body that is at or below the level of spinal cord injury - never above. It may occur in complete or incomplete SCI. It may be generalized over a large area or localized to a specific spot. It is especially hard for persons not familiar with SCI to understand how a person can have pain in an area where there is no feeling. However, this type of "phantom" pain has been well demonstrated in amputees who may have severe pain, for example in the foot after an above-knee amputation.



Treatments have included everything imaginable - pain medication, physical therapy, narcotics, antidepressants, surgery, acupuncture, electrical stimulation, hypnosis, relaxation therapy, magnetic therapy, etc. At least one of these treatments, generally, has proved successful in some cases; however, some individuals never respond to any treatment. Two things are very clear: **THERE ARE NO EASY ANSWERS and NO SINGLE TREATMENT IS RIGHT FOR EVERYONE!** Each patient must be carefully evaluated by someone familiar with spinal cord injury and an individualized program outlined, starting with the least harmful treatment first.

This subject is far too complicated to cover completely in this column. For anyone interested in more information, there are several excellent articles available in the Resource Center of the Spinal Cord Commission. Call Loretta Decker at 324-9628 for assistance.

## Fact Sheets Now Number 21!

A total of twenty-one fact sheets are now available from the ASCC Resource and Education Center. Fact sheets are one-page information pamphlets about specific spinal cord disability problems. Single copies of fact sheets are free and can be requested from any Case Manager. The following fact sheets are available:

- Fact Sheet #1:** Heterotopic Ossification in SCI
- Fact Sheet #2:** Preventing Pressure Sores in SCI
- Fact Sheet #3:** Heat intolerance in Quadriplegics

- Fact Sheet #4:** Common Urological Problems: Leakage Around a Catheter
- Fact Sheet #5:** Common Urological Problems: Frequent Catheter Changes
- Fact Sheet #6:** Foley Catheter Care: Urethral or Suprapubic
- Fact Sheet #7:** Attendant Care Services
- Fact Sheet #8:** Female Sexuality and Spinal Cord Injury
- Fact Sheet #9:** Male Spinal Cord Injury
- Fact Sheet #10:** Bowel Management in SCI
- Fact Sheet #11:** Guillain-Barré Syndrome

- Fact Sheet #12:** Predicting Outcome (Prognosis) in SCI
- Fact Sheet #13:** Amyotrophic Lateral Sclerosis
- Fact Sheet #14:** Ankylosing Spondylitis
- Fact Sheet #15:** Arachnoiditis
- Fact Sheet #16:** Arnold-Chiari Syndrome
- Fact Sheet #17:** Friedreich's Ataxia
- Fact Sheet #18:** Klippel-Feil Syndrome
- Fact Sheet #19:** Multiple Sclerosis
- Fact Sheet #20:** Post Polio Syndrome
- Fact Sheet #21:** Selecting a Rehabilitation Center for SCI

# LOOKING FOR NEW IDEAS - JOIN YOUR LOCAL SUPPORT GROUP!

Did you know that a support group could help more than a lot of medications? Now don't decide to quit taking medicine and attend a group instead. It doesn't work exactly like that. It is a proven fact, however, that the mind is very important in the well-being of the body. The purpose of a support group is to help participants develop positive attitudes. Side effects of a positive attitude may include: lessening of depression, decrease in pain and a developing awareness of creative ways to cope. One of the most important parts of being in a group is the realization that "I am not the only one experiencing ...." Countless times, people have come away from group meetings with new ideas on how to deal with problems, such as anger, religious issues, attitudes of non-disabled persons (including family members) and inaccessible public places.

The following list will help you identify groups that may already be meeting in your area. Contact your ASCC Case Manager if you are interested in starting a group in your area.

## Central Arkansas

**Pulaski County SCI Support Group.** Meets each Wednesday (February 2 - March 30) at 1:00 PM in Conference Room, 1501 N. University (Prospect Building). Call 324-9628, ASCC Case Management Office for more information.

**Social/Fellowship Group**  
Meets each Tuesday, beginning January 18, 1994. Meeting from 1:00 to 2:30 PM. Call Faye Bonner at 375-7006 for location and more information

**White County SCI Support Group**  
Meets first Tuesday of each month Meetings at 11:00 AM in Annex - White County Memorial Hospital, Searcy. Call 324-9628, ASCC Case Management Office for more information.

**Freidreich's Ataxia (AR Chapter National Ataxia Foundation)**  
Contact Judy Cox, 129 Live Oak Drive, Hot Springs 71913-9199, or call 767-4876 for more information.

## Northwest Arkansas

**SCI Support Group**  
Northwest Arkansas Rehabilitation Hospital, 4044 Frontage Road, Fayetteville. Call Walt Green at 444-2200 for more information.

**Multiple Sclerosis Support Group**  
Multiple Sclerosis Swim Therapy Group, Springdale. Call Catherine Bennett at 750-1607 for more information.

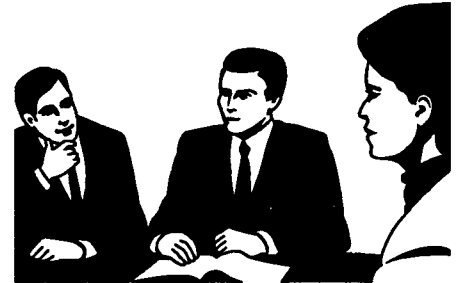
## Northeast Arkansas

**Multiple Sclerosis Support Group**  
for people with MS, family, friends and professionals, Russellville. For more information call ASCC Case Manager Robert Griffin at 890-5751.

**SCI Support Group** for persons with spinal cord injury and any one interested. Meeting at the Western Sizzlin Restaurant, 1105 East Main, Russellville. February 15 - Dinner at 6:30 followed by program on stress management at 7:00. Speaker: Mr. Jon Lundquest, Psychologist.

Call ASCC Case Manager Robert Griffin at 890-5751 for more information.

**Post Polio Meeting** in March, Russellville. Call ASCC Case Manager Robert Griffin at 890-5751 for more information.



## Southeast Arkansas

**Dignified Rehabilitation Education Awareness and Management Solutions (D.R.E.A.M.S.), Phillips County.** Goals are to develop funding for assistive technology and services, educate people and implement the ADA and encourage equal employment opportunities. Call Elaine Canady at 338-3803 for information on the February meeting time.

**Parent Support Groups** for parents of children with disabilities in St. Francis and Phillips Counties - Contact Debbie Parks at 295-2597 for more information.

**Head Injury and SCI Group** at Ashley Memorial Hospital, Contact Mary Haymond, P.O. Box 400, Crossett, AR. 71635, or call 364-4111/364-3167 for more information.

**Parent Support Groups** are offered all over the state for parents of children with any type of disability. Call Wanda Stovall in Little Rock at 221-1330 for information on a group in your area.

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## BATESVILLE CASE MANAGER RECEIVES SECOND "SERVICE TO THE CITIZENS" AWARD

During an awards ceremony at the State Capitol in Little Rock Dec. 6, Charles Crowson of Batesville received the second "Service to the Citizens" award which is sponsored by Lieutenant Governor Mike Huckabee. Crowson received a certificate, dinner for two at the Spaghetti Warehouse in Little

Rock and a gift certificate from the Little Rock Hilton.

"Charles Crowson has poured himself out for the people he serves," Lt. Gov. Huckabee said, "and often gives extra hours and extra attention to others' well beyond the regular office hours."

Crowson is a case manager with the Arkansas Spinal Cord Commission and travels to 10 Northern Arkansas counties visiting his clients. Crowson has been in rehabilitation services since 1966, and has served as an Army engineer and earned a bachelors degree in (Continued on Page 8)



## **Bench to Bedside** (See Page 1)

critically influence efficacy of drug therapy. If we had started methylprednisolone more than 8 hours after injury, given a lower dose, or continued it for more than 24 hours, the trial may have shown no beneficial effects. Years of hard work and millions of dollars would have gone down the drain. To avoid this possibility, we must determine the optimal treatment dose, timing, and duration at different injury severities in preclinical animal studies. Otherwise, clinical trials will degenerate into hit-or-miss crapshoots.

Systematic preclinical evaluation of new therapies is not a trivial undertaking. For example, suppose we decide to test three durations of a new drug at three injury severities. The drug must be compared against placebo (an ineffective treatment) as well as methylprednisolone, since we cannot ethically give people an ineffective or less-effective drug. We must also determine whether the drug is safe and effective when combined with methylprednisolone. Together these add up to 168 treatment protocols. Since differences between a new drug and methylprednisolone may be small, each treatment protocol must be tested in 10-20 experiments. Systematic preclinical

studies therefore require thousands of experiments.

No individual laboratory can carry out tour de force studies required for rigorous preclinical evaluation of new drugs. This situation seriously threatens progress in SCI-therapy research. Clinical trials are expensive and time-consuming. For example, the last NASCIS trial cost about \$5 million and took nearly five years to complete. Before the end of the century, we can perhaps carry out two or three clinical trials to find better treatments for spinal-cord injury. These precious opportunities must not be wasted. If we are to find effective clinical treatments, we must solve this problem.

One solution is the multicenter approach to studying treatments. Clinicians have long utilized cooperative multicenter clinical trials to assess therapy. Such studies spread the burden of data collection across many institutions, save costs by allowing resource-sharing, and have greater credibility than several small-scale studies.

NYU Medical Center recently developed an efficient and reproducible rat SCI model that reliably detects small treatment effects. Eight leading SCI centers in the

United States have agreed to use this model and the same outcome measures to test treatments in 1,600 rats per year. This is an unprecedented development. Never before have so many major laboratories joined forces to find better treatments for SCI. This approach will probably be applicable to preclinical stroke and head-injury studies as well.

Reprinted from *Paraplegia News*, Vol. 47, No. 9, pg. 42-43.

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## **CHARLES CROWSON** (See Page 7)

Industrial Education. He is a member of the National Rehabilitation Counselors Association. He was also an Arkansas State 1986 "Employee of the Year."

By using his background in construction, Crowson designs and builds equipment which will help disabled persons. He once designed a battery-powered Jeep for a little girl who could not independently maneuver her wheelchair on her hilly lawn (see related article on April Bates, page 1). Because of ideas and inventions such as this, Crowson's co-workers have given him the nickname "Wizard of Invention."

-- Courtesy of *A.S.E.A. News*, Vol. 20, No. 6.

## **SPINAL COURIER**

Arkansas Spinal Cord Commission  
1501 North University, Suite 470  
Little Rock, AR 72207

### **Commission Members:**

Grover Evans - Jonesboro  
Sloan Lessley - Calico Rock  
Russell Patton - Jonesboro  
Glenn Sharp - North Little Rock (Chair)  
Sheila Galbraith Bronfman - Little Rock

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